

CLAIMS ONLY

Application Number

101707642

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				
	Indep	Depend	Indep	Depend	Indep	Depend			
1	/						51		
2	/						52		
3	/						53		
4	/						54		
5	/						55		
6	/						56		
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8	/						58		
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45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
Total Indep	/						Total Indep		
Total Depend	M						Total Depend		
Total Claims	8						Total Claims		